

FAITH FORMATION/RELIGIOUS EDUCATION REGISTRATION FORM

FOR OFFICE USE ONLY

Today's Date: _____
Family Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Unlisted? Y N

Amount Due: _____
Amount Paid: _____
Cash/Check#: _____

When sending mail, address to (choose one)?

Mr. /Mrs. Mr. Mrs. Miss Dr. /Mrs. Mr. /Dr. Other: _____

Registered in this Church? Y N NEW-- If yes, what is your envelope number? _____

PARENTS/GUARDIANS

Relationship to child: _____ Relationship to child: _____

Name: _____ Name: _____

If Mother, Maiden Name: _____ If Mother, Maiden Name: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Religion: _____ Religion: _____

Marital Status: _____ Marital Status: _____

I am interested in helping with Rel Ed by: _____ I am interested in helping with Rel Ed by: _____

During Religious Education, where can you be reached? _____ Cell Phone: _____

EMERGENCY CONTACT(OTHER THAN YOURSELF) _____ PH# _____

STUDENT INFORMATION

Student Name: _____
Last First Complete Middle

Sex: Male Female

School Grade 18/19 _____

School: _____

Birth Date: _____

Birth Place: _____

Last Year Student attended Rel Ed or Catholic School _____ year(s)

Last Rel Ed Grade: _____

CHOOSE SESSION

WED 6:30-7:45 P.M.

SUN 8:30-10:00 A.M.

Yes / No Baptism Date ___/___/___ Location OF BAPTISM (Church name and complete address)

If military baptism, what is the military number? _____

NAME OF CHURCH , City and State

Yes / No 1st Penance ___/___/___

Yes / No 1st Communion ___/___/___

Yes / No Confirmation ___/___/___

Does your child have any special needs? _____ Language spoken at home (other than English): _____

If student is not living with his or her birth mother and/or father, please enter the following

Birth Father: _____ Birth Mother: _____ Maiden: _____

Medical Release and Parent Acknowledgement - NATIVITY CATHOLIC CHURCH

The following information must be completed and the form returned to the office of Faith Formation with your registration before classes begin.

CHILD NAME: _____ MEDICAL INFORMATION (ALLERGIES, ETC. OF WHICH WE SHOULD BE AWARE) _____ WHERE CAN YOU BE REACHED DURING RELIGIOUS EDUCATION? _____ PHONE # _____

EMERGENCY CONTACT/PHONE # _____

In the event of an emergency where the parent cannot be reached the child will be taken to the nearest medical facility. I (we) authorize any representative of Nativity Catholic Church to seek medical treatment for my child.

PARENT/GUARDIAN SIGNATURE _____

PRINT PARENT NAME _____ DATE _____



Please read and initial each section below:

_____ I/We understand that religious, spiritual formation of the family takes place when we gather as a Catholic community to worship. As part of my responsibility for the religious education of my children, I commit and promise that my family will regularly attend Sunday Mass.

_____ I/We accept responsibility for SET "Safe Environment Training" classes and/or materials.

_____ I/We understand that it is my responsibility to familiarize myself with the policies, procedures and session dates for the parish Faith Formation program in which I am registering my child/ren. I commit to making sure that I receive a copy of the Student/Parent Handbook published by the Faith Formation Office at the beginning of the program year. I understand that the policies and dates are subject to change upon written notification by the Faith Formation Directors.

_____ I/We as parents of child/ren registered in Nativity Parish Faith Formation understand that we have a responsibility to provide for the adequate financial support of this parish program. I/We commit to providing 4 hours of volunteerism to support the Novemberfest fund raising effort that assists in generating the money necessary to support the yearly Faith Formation budget. If I/We are unable to provide volunteer hours, I understand I will be assessed a fee of \$10/per hour not worked. This fee is due no later than January 1, 2019.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Pick up instructions: All students 5th grade and younger must be walked to class by a parent and will only be released to the parent unless arrangements are made in writing. Please note any special instructions below _____



PUBLICITY RELEASES/PHOTOS: From time to time, publicity releases for parish bulletin, website, newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Nativity Parish or a media representative. I do _____ do NOT _____ give permission for my student(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Safe Environment Training: [print name] _____ acknowledge that I am aware of the Diocesan mandate with regard to Safe environment training for parents and students. Please check all that apply and sign/print/date as appropriate in the spaces provided.

1. _____ I will attend the Parent/Student Safe Environment Education Program as scheduled by the Parish.
2. _____ I decline to attend, but wish to receive all additional materials (beyond handbook policies) related to the Parent and/or Student Safe Environment Education program. Materials received (initial & date) _____.
3. _____ I **decline** to attend and **do not** wish to receive the materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.
4. _____ I **have** a valid blue volunteer badge. Expiration date: _____.

This consent is renewed at the beginning of each Faith Formation program year. This consent may be revoked in writing.